

<p><u>Date</u></p>	<p><u>How are you feeling today?</u> Well Unwell</p> <p><u>If unwell what is wrong:</u> Breathless Fatigued Chest pain Nausea Other (please specify)</p>	<p><u>How have you been feeling since your last class?</u> Well Unwell</p> <p>If unwell what was wrong? Breathless Fatigued Chest pain Nausea Other (please specify)</p>	<p><u>Have you completed any physical activity since your last class?</u> Yes No</p> <p>If yes, what physical activity did you do?</p>	<p><u>Before class</u> Blood pressure</p> <p>Heart Rate</p> <p><u>After Class</u> Blood pressure</p> <p>Heart Rate</p>
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